



State of Idaho

700 West State Street, P.O. Box 83720, Boise, ID. 83720-0011

Statewide Vendor - Direct Deposit Authorization Form

For Receiving Payment by Electronic Funds Transfer (EFT)

www.sco.state.id.us

Vendor Name			SSN/EIN	
Payment/Direct Deposit Notification Address			Telephone Number	
			Ext	
City	State	Zip+4	Fax Number	
Contact Person			Title	

ELECTRONIC PAYMENT INFORMATION				
Send a voided check (not a deposit slip) or bank verification of your checking/savings account number to receive payments electronically.				
Request Type	New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>	
Account Name				
Routing Number	Account Number			
		Routing Number Account Number Is nine digits can vary in length		
Account Type (Please indicate "C" or "S" in box to the right)		C-Checking Account S-Savings Account		
I hereby authorize and request the Idaho State Controllers Office (SCO) and the Idaho State Treasurers Office (STO) to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and STO may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, SCO will notify this office of the error and the reason for reversal.				
This authority will continue until such a time SCO and STO have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.				
SIGNATURE of Authorized signer on account				

NOTE: Invalid account information will be rejected by the vendor's financial institution and generate a notice of change which is routed through (NACHA) network to the (STO). A notice of change will result in this request being voided and any future payments will be made by State Warrant.